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BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
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Date: Friday, November 1, 2002
To: PTBMIS Codes Manual Update Group
From: Wendy Long, MD, Bureau Director
Subject: PTBMIS Codes Manual Update

The latest changes to the PTBMIS Codes Manual are included in this e-mail. Changes to the Breast and Cervical Cancer Program will be discussed at a joint session of the statewide Office Managers/System Administrators meeting to be held on November 7, 2002. Motor voter registration training will be held for the Office Managers on this same date.

The changes in the format of this manual are:

- This cover page will attempt to explain the changes to each section in such detail as to allow the user to have an understanding of the change to that section.
- Actual changes to the manual are shown with shaded text, that is, gray background and black letters. Each time a given page changes the shaded text from previous changes will be replaced with normal text.
- The Table of Contents pages will show the affected pages and sections of a change in shaded text. The Table of Contents will be included in each change package.
- Within a given section, those changed or added cells will be denoted by shaded text.
- A deleted row in a table will be replaced with the words 'Service Deleted' in shaded text. At the next change of this page, this row will be deleted from the section.
- As sections are changed, all Change Pages for those sections will be removed from the manual.

Please insert this cover memo in the front of your PTBMIS Codes Manual.

Please note the attached changes to PTBMIS Codes Manual:

1. Table of Contents	
Remove Pages 1-7	Add Pages 1-7

2. Section 020 – Administrative Services

Remove page 9	Add pages 9
SECTION	EXPLANATION
20.070	Cremation Permits Added page for cremation permits

3. Section 050 – Care Coordination

Remove pages 5-6, 9	Add ages 5-6, 9
SECTION	EXPLANATION
50.015	Added EP program code and moved EPSDT comment to the same page as the diagnosis used for EPSDT exams. Added comment to clarify appropriate coding of clinical services, including physicals, for HUG and CHAD patients.
HUG Definitions	Corrected typo – fro to for in definition for code 99349K.

4. Section 70 – Communicable Disease

Remove pages 5-6	Add Pages 5-6
SECTION	EXPLANATION
70.030	Clarification in comment section of when counseling codes should be used.
70.040	Clarification in comment section of when counseling codes should be used

5. Section 100 – Family Planning

Remove pages 3	Add pages 3
SECTION	EXPLANATION
100.020	Added comment section regarding Breast and Cervical Cancer Program information.

6. Section 120 – Interpreter Services

Remove pages 2	Add page 2
SECTION	EXPLANATION
120.010	Added statement to comment section regarding who can provide interpreter services.

7. Section 130 – International Travel

Remove pages 2-3		Add pages 2
SECTION	EXPLANATION	
130.010	Changes to codes used when providing immunizations for foreign travel.	

8. Section 180 – TennCare Presumptive Enrollment

Remove pages 1-3		Add page 1-2
SECTION	EXPLANATION	
180.010	TennCare Enrollment section changed to TennCare Presumptive Enrollment. This section addresses coding Presumptive Eligibility in the CH, PN,WH, and BCS programs. Motor voter registration procedures and comment section added.	

9. Section 190 – TennCare Reverification (Rescinded November 1, 2002)

Remove pages 1-3		Add page 1
SECTION	EXPLANATION	
-	TennCare Reverification no longer a part of Public Health.	

10. Section 200 – TennCare Advocacy

Remove pages 1-2, 7		Add page 1-2
SECTION	EXPLANATION	
Definitions	Changes to TennCare Advocacy definitions due to Health Department no longer providing TennCare enrollment and reverification services.	

11. Section 210 – Breast & Cervical Cancer Early Detection

Remove pages 1-4		Add page 1-3
SECTION	EXPLANATION	
Definitions	New codes to be used for Breast and Cervical Cancer Program	
210.010	New codes and comments for Breast and Cervical Cancer Program.	
210.020	New codes and comments for Breast and Cervical Cancer Program.	

12. Section 220 – Vaccines / Immunizations

Remove pages 2-7, 14-15		Add page 2-7
SECTION	EXPLANATION	
220.010	New flu shot codes for babies and children.	
220.020	New flu shot codes for babies and children. Comment section regarding split flu for children and HEP B immunizations deleted.	
220.030	Comment section regarding split flu for children and HEP B immunizations deleted.	
220.040	Administration code added. Comment section regarding split flu for children and HEP B immunizations deleted.	
220.050	Injection code added. New flu shot codes for babies and children.	
220.060	New flu shot codes for babies and children.	

13. Section 230 – Visits for Clinical Services & Related Procedures

Remove pages 1, 7, 30-31, 35		Add page 1, 7, 30-31, 35
SECTION	EXPLANATION	
Definitions	Code MOVO for motor voter registration added.	
230.060	Added comment section regarding Breast and Cervical Cancer Program information.	
230.290	Motor voter registration procedures and comment section added	
230.300	Motor voter registration procedures and comment section added	
230.340	Changed TB skin test to TB skin test (High-Risk and Low-Risk)	

14. Section 240 – WIC

Remove pages 1-2, 9-10		Add page 1-2
SECTION	EXPLANATION	
Definitions	Code MOVO for motor voter registration added.	
240.010	Motor voter registration procedures and comment section added	

Attachments:

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20.070 - Cremation Permits

Last Change Date: 11/01/2002

(Use Administrative Encounter Form (PH-3309))

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration, (Community Service) (Has NO Medical Record)		VR	6	Unspecified Administrative Purpose	V689	# issued
Cremation Permit	CREM					

50.015 CHAD Physicals

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific						
<u>New Patient</u>		EP Or AD Or HU	A X X X Or 5 X X X Or 6	Well Child-EPSDT Or	V202	1
Clinic Visit: Infant Or Child	99381 - 99384			General Medical Exam *	V703	
<u>Established Patient</u>						
Clinic Visit: Infant Or Child	99391 -99394			Well Child-EPSDT Or	V202	
				General Medical Exam *	V703	
PLUS CODE ONLY IF DONE						
Venipuncture	36415					As Approp
Labs Completed						As Approp
Lab Handling (If Outside Lab)	99000					1

***If all components of an EPSDT exam are not done, the diagnosis code V202 should NOT be used. Use diagnosis code V703 for a CHAD physical that does not include all components of EPSDT.**

50.015 - CHAD - Physicals -- Continued on next page

50.015 - CHAD - Physicals (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Code	EP Or AD or HU	AXXX Or 5XXX Or 6	System Assigns	System Assigns	NA
Single Admin Of Vaccine	90471			As Approp	As Approp	1
Multiple Admin Of Vaccine (Number Of Shots Over One [1])	90472					# Imms Given Over One (1)

COMMENTS:

All EPSDT exams must include:

- 1) Comprehensive and developmental history
- 2) Appropriate immunizations
- 3) Health education
- 4) Vision assessment
- 5) Comprehensive unclothed physical exam
- 6) Appropriate lab tests
- 7) Hearing assessment

Patients who use clinical services, including EPSDT exams, and happen to be enrolled in a home visiting program should not use AD or HU for clinical services. If a physical is done **solely** as a requirement of the home visiting program, which would be a rare occurrence, program codes AD or HU could be used.

To code CHAD physicals:

- 1) Use program code AD and the appropriate Payor Code for CHAD clients who have private insurance coverage.
- 2) Use program code AD and Payor 6 for CHAD clients with no third party coverage.

HUG Definitions:

Last Change Date: 11/01/2002

FUNDING:

This funding source is derived from state appropriations and MCH Block Grant dollars. Funds are drawn down through the RVU system for rural health services and through a monthly invoice system for the metropolitan counties. These metropolitan counties are capped to a certain dollar amount each year unless otherwise approved by the program and the Bureau.

SERVICE SITE:

The primary service site is in the home.

TARGET POPULATION:

The target population is pregnant women and women up to two (2) years postpartum. Their children can remain in the program up to age 6. Women over 18 who are pregnant but have no other children in the home should now be enrolled as HUG clients. These women were previously served by the CHAD program but are now ineligible for CHAD services.

The following are definitions for each service code listed on the care coordination encounter form for HUG services:

99350K -- Eligibility Determination -- Home

This code is used to document the initial meeting and interview with the parent to determine eligibility for the service. This code is used when the interview occurs in the home.

99349K -- Eligibility Determination -- Other Visit

This code is used for the initial meeting and interview with the parent to determine eligibility for the service when the visit occurs at some location other than the child's home.

99348A -- Attempted Home Visit:

This code is used to document a worker's unsuccessful home visit attempt. The worker traveled to the participant's residence, but was not able to complete the home visit. This code can only be used once per day per family.

99350H -- Home Visit -- Adult

This code is used to document services provided to the primary adult when services are provided in the family's residence. Only one adult in the family receives this code and only one of these codes is documented per visit.

99350C -- Home Visit -- Child

This code is used to document services provided to a child in the family's residence. This code is used for every child in the home who receives services.

99349H -- Other Visit -- Adult

This code is used to document services provided to primary adult when services are provided at a site other than the child's home. Examples of sites include the health department, a day care program, someone else's home, a doctor's office or other public office. Only one adult in the family receives this code and only one of these codes is documented per visit.

70.030 - AIDS Prevention - HIV Counseling and Testing

Last Change Date: 11/01/2002

NOTE:
 The population served is anyone who presents to acquire detailed information regarding HIV prevention. This can take place in health department setting, school classrooms, or even public places such as a health fair. Services can include client centered counseling, education, partner notification services, and general information sharing regarding HIV prevention.

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Contact With Or Exposure To Venereal Disease	V016	1
Lab(s)						
Antibody, HIV-1	86701					
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					

COMMENTS:

Counseling Codes 99401-99404 should be used for face-to-face post-test counseling and can be used with Program AP and Reimbursement 6 in conjunction with other program office visits. This is an exception to the rule of not coding a visit plus counseling. There is no charge to the patient with the AP Program code. If a patient presents for ST (See ST Section for codes) and also requests HIV testing, code the HIV test and HIV counseling to the AP Program and the ST services provided to ST. Code only one (1) lab handling fee. Do not code counseling for giving negative HIV results to patient over the telephone.

TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

70.040 - AIDS Prevention - Return Visit for Test Results

Last Change Date: 11/01/2002

NOTE:
 The population served is anyone who presents to acquire detailed information regarding HIV prevention. This can take place in health department setting, school classrooms, or even public places such as a health fair. Services can include client centered counseling, education, partner notification services, and general information sharing regarding HIV prevention.

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Contact With Or Exposure To Venereal Disease	V016	1
COMMENTS:						
Counseling Codes 99401-99404 should be used for face-to-face post-test counseling and can be used with Program AP and Reimbursement 6 in conjunction with other program office visits. This is an exception to the rule of not coding a visit plus counseling. There is no charge to the patient with the AP Program code. If a patient presents for ST (See ST Section for codes) and also requests HIV testing, code the HIV test and HIV counseling to the AP Program and the ST services provided to St. Code only one (1) lab handling fee. Do not code counseling for giving negative HIV results to patient over the telephone.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.020 - Exam Visit

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
<u>Preventive Visit, Age Specific</u>		FP	As Approp	<u>Complete Exam</u>			
New Patient	99383 - 99386			Initial / Annual On OC's	V2501	1	
Established Patient	99393 - 99396			Initial / Annual Other Methods	V2502		
Lab(S) Completed				Annual Exam - Pvt Ins Or Health Net	V723		
Venipuncture (If Done)	36415						
Lab Handling (If Outside Lab)	99000						
Drugs Dispensed	Use Pharmacy Module						

COMMENTS:

The **Tennessee Breast and Cervical Cancer Early Detection and Prevention Program** provides reimbursement for **diagnostic services** for those who have been screened through another HD program and have abnormal results or other symptoms suspicious for cancer. **TBCCEDP** covers diagnostic but not treatment services for women who are uninsured, underinsured and not on TennCare. *All other payors must be exhausted first.* If denied, then consider enrollment in **TBCCEDP** which pays for office visits, pap smears, colposcopy and other services listed by CPT code on the annual reimbursement schedule.

Section 100.020 Continued on Next Page

120.010 - Interpreter Services

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Interpreter Services (Time Based)</u>		As Approp	6	Unspecified Administrative Purpose	V689	1
Approximately 15 Min.	INT1					
Approximately 30 Min.	INT2					
Approximately 45 Min	INT3					
Approximately 60 Min.	INT4					

COMMENTS:

INT1, INT2, INT3, and INT4 codes reflect the use of an interpreter in approximately 15-minute increments of time up to a maximum of 60 minutes. Interpreters may be local Health Department staff working in other areas, who are not providing the service. Interpreters may also include outside contract personnel, voluntary qualified community interpreters, and telephonic language interpreter services. The provider using the interpreter should code the appropriate **INT** code based on the time the interpreter spent during the procedure(s) on the encounter form using his or her provider number. The **INT** code should be used only once per program per visit even if multiple providers delivered services within that program. If multiple providers in different programs use an interpreter, then the **INT** code may be used more than once on an encounter form by coding it to the appropriate program codes. The **INT** code will not be used for front-desk registration or any other activity for which there is no corresponding procedure code even if an interpreter is involved in the activity. If a bilingual provider delivered a service to a patient with limited English proficiency without the use of an interpreter, then the **INT** code would not be used.

For community site visits when an interpreter is used or a bilingual provider conducts a session in a language other than English, code IN in the DISPOSITION field for procedure 78059 with appropriate units of time.

130.010 - Immunizations for Foreign Travel

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit -- Age Specific</u>		CH OR WH OR MH	As Approp	Preventive Visit Diagnosis PLUS	As Approp	1
New Patient	99381 - 99387					
Established Patient	99391 - 99397					
Vaccine	(See Below)	IT	Pvt Pay - 6 OR Pvt Ins - (5XXX)	Vaccine, Other	V0389	1

COMMENTS:

International Travel Vaccines:

Vaccine	Code	Vaccine	Code
Cholera	CHL	Typhoid	TPN
Hepatitis A - Age 2-17	HAP	Typhoid, Oral	TPO
Hepatitis A - Age 18 And Over	HAA	Yellow Fever, Single Dose	YFS
Inactive Polio	IPT		

Vaccine		IT	Pvt Pay (6) OR Pvt Ins (5XXX)	Vaccine, Other	V0389	1
Single Administration	90471					
Multiple Administration	90472					

SECTION 180 - TENNCARE PRESUMPTIVE ENROLLMENT

TennCare Presumptive Enrollment Definitions

Last Change Date: 11/01/2002

Code MOVO:

Procedure code to be used when offering patients the opportunity to register to vote.

Code TCPRES:

Use when the Presumptive Eligibility activity has been completed.

180.010 - TennCare Presumptive Enrollment

Last Change 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Prenatal)	TCPRES	CH or PN or WH	6	Unspecified Administrative Procedure	V689	1
TennCare Presumptive (Breast And Cervical)	TCPRES*	BCS				

COMMENTS:

TCPRES Code Will Be Used To Capture All Activities Related To TennCare Presumptive Enrollment Process.

· When Coding An Initial PE Referral From Outside Providers For Breast And Cervical Cancer Program Code TCPRES Would Be Used In Addition To Code 99080A. If There Is Further Work On Behalf Of This PE Patient Use The 99080B Code With TCPRES To Indicate Activities To Collect And Transfer Data Related To Diagnostic Procedures Performed.

· If The Patient Is Already Enrolled In TBCCEDP, Code 99080B Would Be Used With TCPRES When Activities Are Performed To Collect And Transfer Data Related To The Diagnostic Procedures Performed On The Patient.

Do Not Use Advocacy Code 99401T Or 99402T In Addition To The TCPRES Code.

The Provider Who Determines The Presumptive Eligibility Will Take The Code.

*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1
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***COMMENT:**

Any time a person, who will be at least 18 years old on/or before the next election, applies for WIC certification or recertification, CSFP, or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are:

**RG—Registered at the Health Department today

CR—Currently registered to vote

TF—Took registration form home

DD—Declined, declination form signed

**For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.

SECTION 190

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Section Rescinded 11/01/2002

SECTION 200 - TENNCARE ADVOCACY

TennCare Advocacy Definitions

Last Change Date: 11/01/2002

Code 99401T: LEVEL I -- WHAT IS IT?

- A. Identifying & assisting clients with compiling the information they will need to take to DHS to file a TennCare application;
- B. Screening children 0 to 19 years of age for TennCare eligibility and encouraging them to file a TennCare application with DHS;
- C. Providing information about TennCare eligibility and the eligibility process through DHS and SSI;
- D. Assisting in the completion of the "Medically Eligible" application packet provided to enrollees who do not qualify for Medicaid but may qualify as medically eligible;
- E. Encouraging compliance with clinical appointments;
- F. Assisting with TennCare transportation arrangements;
- G. Providing information regarding how to access care (role of the PCP; how to change MCO/PCP; appropriate use of the ER; reporting changes in income, name, address, family size; paying co-payments for health services and prescriptions);
- H. Informing and assisting a client to appeal decisions about their eligibility;
- I. Informing and assisting a client to appeal decisions about their premium;
- J. Conducting immunization follow-up (this specifically excludes the mass mailings of immunization postcards);

The following six (6) activities are considered Level I activities when the provider, appointment, authorization, or referral is obtained with a simple phone call requiring no medical justification or judgment. Any of these Level I activities will automatically become a Level II when medical justification or judgment is needed to obtain the service.

- K. Informing and assisting a client to appeal MCO denial of service; inappropriate charges by providers for covered medical care, etc., and date-stamping TennCare appeals per established guidelines;
- L. Locating medical, dental, behavioral health, or ancillary (PT, OT, speech) providers;
- M. Obtaining referrals and authorizations for medical services, including health department services;
- N. Obtaining and making appointments with outside providers.
- O. Contacting clients by phone or home visiting if delinquent for EPSDT according to periodicity schedule;
- P. Educating clients regarding EPSDT benefits and need for compliance according to periodicity schedule.

99401T LEVEL I -- WHO CAN PROVIDE IT?

Any health department employee -- public health nurse, clerk, social worker / social counselor, nutritionist, nursing assistant, public health representative, etc. - may provide Level I advocacy activities.

99401T LEVEL I -- HOW DO YOU CODE IT?

Many 99401T advocacy activities can be done by different providers during a clinic visit. However, only one (1) 99401T activity may be coded on the patient encounter form per clinic visit.

99401T LEVEL I -- HOW DO I DOCUMENT IT?

99401T advocacy activities may be documented on one of the following:

- A. The TennCare Advocacy Encounter/Log; OR
- B. The TennCare Advocacy Documentation Tool; OR
- C. The SOAP clinical note.

CODE 99402T: LEVEL II -- WHAT IS IT?

- A. Assisting with understanding recommended interventions, treatments, medications and/or need for additional appointments;
- B. Obtaining referrals or prior authorizations for prescribed medications, formulas, medical supplies, durable medical equipment, or specialized medical/dental procedures;
- C. Obtaining health care for a TennCare enrollee by assisting the client to appeal an MCO/BHO decision about their medical or behavioral health care or their pharmacy benefits. This activity includes the justification a physician or nurse clinician may be required to submit to an MCO in order for a prescription to be prior authorized and provided by the MCO;
- D. Obtaining health care for a TennCare enrollee by assisting the client to appeal an MCO/BHO's lack of timely access to needed services, including provider network inadequacies, the inability to obtain an appointment within required time frames, etc.;
- E. Obtaining health care for a TennCare enrollee by assisting the client to appeal an MCO/BHO's decision about providing transportation to medical/behavioral appointments;
- F. Patient education above and beyond that which would **normally be provided for any patient** in association with the type of service delivered that day.
- G. Providing transportation.

The following **six (6)** activities are considered Level II activities when medical justification or judgment is needed to obtain the service.

- H. Informing and assisting a client to appeal MCO denial of service; inappropriate charges by providers for covered medical care, etc., and date-stamping TennCare appeals per established guidelines;
- I. Locating medical, dental, behavioral health, or ancillary (PT, OT, speech) providers;
- J. Obtaining referrals and authorizations for medical services, including health department services;
- K. Obtaining and making appointments with outside providers.
- L. Contacting clients by phone or home visiting if delinquent for EPSDT according to periodicity schedule;
- M. Educating clients regarding EPSDT benefits and need for compliance according to periodicity schedule.

CODE 99402T LEVEL II -- WHO CAN PROVIDE IT?

Level II activities are obtaining actual health services or resolving difficult access to care problems. This level of advocacy requires assessment, judgment, and justification in order to actually obtain the needed TennCare service. Therefore, clerical staff and assistant staff (nursing assistant, dental assistant, and counseling assistant) will not provide Level II activities.

CODE 99402T LEVEL II -- HOW DO YOU CODE IT?

Only one (1) 99402T activity may be coded per TennCare recipient per clinic visit or per day.

CODE 99402T LEVEL II -- HOW DO YOU DOCUMENT IT?

Level II advocacy activities must be documented in the medical record.

SECTION 210 - BREAST & CERVICAL CANCER EARLY DETECTION

Breast & Cervical Cancer Early Detection Definitions

Last Change Date: 11/01/2002

- **Code 99080A – New Enrollment for BCS includes (to be used one time only)**
 - Verification of eligibility for the service
 - Completion of data entry screen for initial screening and lab results
 - Education about prevention services and particular screening methods that will be used
 - Authorization and referral for routine or diagnostic services according to protocol
 - Scheduling with the referral provider
 - Follow-up to assure that patient kept referral appointment
 - Arranging transportation, if necessary
 - Arranging for interpreter services, if necessary
- **Code 99080B – Referral Reports and Documentation (Requires documentation by the nurse in the patient record and can be used more than one time)**
 - Tracking and follow-up with referral provider to collect diagnostic information, results and recommendations
 - Entering case specific information into PTBMIS in the required data fields
 - Locate missing information prior to submission to Central Office
 - Contacting patient about next steps for diagnosis and / or treatment
 - Scheduling with provider
 - Assuring that patient kept the referral / treatment appointment

210.010 - Screening Visit for Breast & Cervical Cancer

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>BCS Case Management</u>		BCS	6	Unspecified Administrative Purpose	V689	1
New Enrollment For BCS	99080A*					
Referral Reports And Documentation	99080B**					
<u>Preventive Visit Age Specific</u>			As Approp	Gynecological Exam	V723	1
New Patient	99385 - 99387					
Established Patient	99395 - 99397					
<u>Pap Smear</u>						
Sent To Pathnet	88164					
Sent To Other Labs	88164N					
<p>COMMENTS: Must bill TennCare, Medicare or private insurance if patient is insured. If denied, then bill the grant. TBCCEDP pays for office visits, pap smears, colposcopy and other diagnostic procedures listed on the reimbursement schedule. It cannot pay for treatment. As of July 1, 2002, women needing treatment for breast or cervical cancer can be presumed eligible and enrolled in full Medicaid coverage for 45 days. See Section 180 (TennCare Presumptive Eligibility Enrollment) for coding Presumptive Enrollment. Other gynecological cancers are not covered by this new Medicaid category.</p> <p>* Code 99080A should only be used one time.</p> <p>** Code 99080B requires documentation by the nurse in the patient record and can be used more than one time.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		
<p>COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.</p>						

210.020 Colposcopy Dysphasia Clinic Visit

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit, Established Patient 5, 10, 15 Minute Visit	99211 - 99213	CH OR WH	5BCS	Abnormal Pap	7950	1
Colposcopy Without Biopsy	57452					
Colposcopy With Biopsy	57454					

COMMENTS:

Must bill TennCare, Medicare or private insurance if patient is insured. If denied, then bill the grant. TBCCEDP pays for office visits, pap smears, colposcopy and other diagnostic procedures listed on the reimbursement schedule. It cannot pay for treatment. As of July 1, 2002, women needing treatment for breast or cervical cancer can be presumed eligible and enrolled in full Medicaid coverage for 45 days. See Section 180 (TennCare Presumptive Eligibility Enrollment) for coding Presumptive Enrollment. **Other gynecological cancers are not covered by this new Medicaid category.**

* Code 99080A should only be used one time.

** Code 99080B requires documentation by the nurse in the patient record and can be used more than one time.

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		

COMMENTS:

Advocacy may be coded as appropriate. See [TennCare Section](#) to identify activities and services related to TennCare.

220.010 - Immunizations With Comprehensive Exam

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
<u>Preventive Office Visit Age Specific</u>		CH OR EP	As Approp	Exam, Well Baby OR	V202	1	
New Patient	99381 - 99383			Exam, Routine	V709		
Established Patient	99391 - 99393						
Lab(s) completed							
Venipuncture (If Done)	36415						
Lab Handling (If Outside Lab)	99000						
Drug(S)	Use Pharmacy Module						
Vaccines	See Vaccine Codes	CH OR MH OR WH	As Approp	System Assigns Vaccine Codes	As Approp	As Approp	
Single Administration	90471						1
Multiple Administration (Number Of Shots Over 1)	90472						# Imms Given Over One

COMMENTS:

To code flu shots for babies (6 through 35 months of age) use codes FLB and 90782 each time the shot is given.

To code flu shots for children (3 through 18 years of age) use codes FLC and 90782 each time the shot is given.

If you have contracted to charge an office visit for giving an immunization (i.e., Hep B), code the vaccine (i.e. HBC) and use code 10299 or 78085 - Education/Contract Services with the appropriate quantity at \$1.00 per unit to make up the difference.

Code injections (i.e., Hep B) given to patients 21 and over when there is no contract and should be no charge using Program Code EI rather than MH or WH.

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. See [TennCare Section](#) to identify activities and services related to TennCare.

220.020 Immunization Only Visit (No Exam)

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	CH OR MH OR WH	As Approp	System Assigns Vaccine Code	As Approp	1
Single Administration	90471			As Approp		
Multiple Administration (Number Of Shots Over 1)	90472					# Imms Given Over One
COMMENTS:						
<p>To code flu shots for babies (6 through 35 months of age) use codes FLB and 90782 each time the shot is given.</p> <p>To code flu shots for children (3 through 18 years of age) use codes FLC and 90782 each time the shot is given</p> <p>If you have contracted to charge an office visit for giving an immunization (i.e., Hep B), code the vaccine (i.e. HBC) and use code 10299 or 78085 - Education/Contract Services with the appropriate quantity at \$1.00 per unit to make up the difference.</p> <p>Code injections (i.e., Hep B) given to patients 21 and over when there is no contract and should be no charge using Program Code EI rather than MH or WH.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.030 Tetanus - Td - Trauma Care Required

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Approp	Injury, Superficial W/O Infection OR	9198	1
New Patient (10-30 Min)	99201 - 99203			As Approp.	As Approp.	
Established Patient (10-25 Min)	99212 - 99214					
Vaccine	Td			System Assigns Vaccine Code	As Approp	1
	DTA					
Single Administration	90471		As Approp			
COMMENTS: Deleted						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.040 - Tetanus Booster - Post Traumatic - or No Trauma - No Care

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine	Td	CH OR MH OR WH	As Approp	System Assigns Vaccine Code	As Approp	1
	DTA					
Single Administration	90471			As Approp		
COMMENTS: Deleted						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.050 - Injection Codes

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>ON-SITE CLINIC INDIVIDUAL PATIENT "L" REGISTRATION (LONG) (HAS MEDICAL RECORD)</u>		CH OR MH OR MH	As Approp	FLU	V048	1
Flu Injection	90782F					
Pneumonia Injection	90782P			PNE	V039	
Injection of Drug, Antibiotic, etc.	90782			As Approp	As Approp	
COMMENTS: To code flu shots for babies (6 through 35 months of age) use codes FLB and 90782 each time the shot is given. To code flu shots for children (3 through 18 years of age) use codes FLC and 90782 each time the shot is given.						
TennCare Advocacy	99401T	TO	6	May use primary diagnosis for encounter OR		1
	99402T			Unspecified administrative purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.060 Vaccine Codes - On-Site Clinics

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration (Long) (Has Medical Record)		As Approp	As Approp	As Approp	As Approp	1

VACCINE	CODE	VACCINE	CODE
Chicken Pox Disease History	CPD	Influenza-Children (3 Though 18 Years Of Age)	FLC
Chicken Pox	CPX	Immune Serum Globulin	ISG
DTP - HIB Comb. Vaccine	DHB	Lyme Disease (E. TN)	LYM
DT - Pediatric	DT	Measles	MEA
Diphtheria, Tetanus, Acellular Pertussis	DTA	Meningococcal	MEN
Diphtheria, Tetanus, Acellular Pertussis, PLUS Hemophilus / INFB	DTH	Measles, Mumps & Rubella	MMR
Hemophilus / INFB 3 Dose	HI3	Measles & Rubella	MR
Hemophilus / INFB 4 Dose	HI4	Mumps	MUM
Hepatitis A -- Adult	HAA	Pneumococcal	PNE
Hepatitis A -- Pediatric (Ages 2-17)	HAP	Polio, Oral	OPV
Hepatitis B -- 20 Yrs And Up	HBO	Rabies, Post Exposure	POR
Hepatitis B -- Newborn - 19 Yrs	HBV	Rabies, Pre-Exposure (Group)	PR2
Hepatitis B (Contract)	HBC	Rabies, Pre-Exposure (Single)	PR5
Hepatitis B (Dialysis / Immune Suppressed)	HBD	Respiratory Syncytial Virus	RSV
Hepatitis B Immune Globulin	HIG	Rotavirus (Shelby County)	RTV
HIB & Hepatitis B Comb.	HHB	Rubella	RUB
Inactive Polio	IPV	Strep Pneumonia (PNE Conjugate)	STP
Influenza (Adults)	FLU	Tetanus-Diphtheria	TD
Influenza-Babies (6 Though 35 Months Of Age)	FLB	Tetanus	TET

220.060 VACCINE CODES - ON-SITE CLINICS (Continued on Next Page)

SECTION 230 -VISITS FOR CLINICAL SERVICE & RELATED PROCEDURES

Visits for Clinical Service & Related Procedures Definitions

Last Change Date: 11/01/2002

Code MOVO:

Procedure code to be used when offering patients the opportunity to register to vote.

230.060 - Health Care Management - Problem Visit

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Approp	Medical Diagnosis Required	As Approp	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Lab(s) Completed						
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					
Related Functions						
Drug(s) Dispensed						
COMMENTS: Use modifier "25" with an Other Management Service provided <u>in addition</u> to a Preventive Service <u>on the same day</u> by <u>the same provider</u> or another provider within the Health Department. Use a medical diagnosis code for the Other Visit and a preventive diagnosis code for the Preventive Visit.						
COMMENTS: The Tennessee Breast and Cervical Cancer Early Detection and Prevention Program provides reimbursement for diagnostic services for those who have been screened through another HD program and have abnormal results or other symptoms suspicious for cancer. TBCCEDP covers diagnostic but not treatment services for women who are uninsured, underinsured and not on TennCare. <i>All other payors must be exhausted first.</i> If denied, then consider enrollment in TBCCEDP which pays for office visits, pap smears, colposcopy and other services listed by CPT code on the annual reimbursement schedule.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.290 - Presumptive Eligibility - We Do the Pregnancy Test

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH	Negative: Pvt Pay - 6	Rule Out Pregnancy	V724	1
Pregnancy Test	81025		Positive: TnCare - AXXX			
Drug(S) - Use Pharmacy Module						
Presumptive Eligibility	TCPRES	TC	6			
*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1

***COMMENT:**

Any time a person, who will be at least 18 years old on/or before the next election, applies for WIC certification or recertification, CSFP, or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are:

**RG—Registered at the Health Department today

CR— Currently registered to vote

TF— Took registration form home

DD— Declined, declination form signed

**For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.

230.300 - Presumptive Eligibility - Patient Provides Proof of Pregnancy

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Presumptive Eligibility	TCPRES	TC	6	Unspecified Administrative Purpose	V689	1
COMMENTS: Do not code counseling or a visit when a patient presents for Presumptive Eligibility with proof of pregnancy.						
*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1
*COMMENT: Any time a person, who will be at least 18 years old on/or before the next election applies for WIC certification or recertification, CSFP, or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are: **RG– Registered at the Health Department today CR– Currently registered to vote TF– Took registration form home DD– Declined, declination form signed **For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.						

230.340 - Preventive / Required Occupational Health Services for Health Department Employees*

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Test (High-Risk)	86580H	EH	6	TB Skin Test	V741	1
TB Skin Test (Low Risk)	86580L					
TB Test - 2nd Step	86580T			Read Positive Read Negative	V741 7955	
X-Ray If Indicated -- See X-Ray Section Of Codes List						
Prophylactic Treatment For LTBI New Converter -- See Drug Section Of Codes List						
Vaccines -- See Vaccine / Imm Section For List Of Vaccine Codes						
Hepatitis B-HB Vaccine	HBO					
MMR Vaccine	MMR					
Varicella Vaccine	CPX					
Influenza Vaccine	FLU					
HBIG	HIG					
Antibody Testing -- See Antibody Section Of Codes List						
Antibody Testing - (Anti-HBs)						
Antibody Testing - HbsAg						
Antibody Testing - HCV & Alanine Aminotransferase (ALT)						
Antibody Testing --HIV With EIA						
HIV Post Exposure Prophylaxis -- See Drug Section Of Codes List						
New Patient	99201 - 99205					
Established Patient	99211 - 99215					

* All other services provided to health department employees will be coded to appropriate programs (MH, CH, WH, etc) and billed as usual.

SECTION 240 - WIC

WIC Definitions - Last Change Date: 11/01/2002

Code 1004 -- Voucher issuance includes the following activities:

- Issue an encounter, updating the WICQ screen
- Print vouchers and receipt
- Obtain participant signatures on vouchers and receipt
- Explain use of vouchers
- Void vouchers if printed in error, and reissuing corrected vouchers
- Check the receipts against the WIC Receipt Report printed at the end of the day.

==>OR<==

Code 1000 -- WIC certification includes the following activities:

- Obtain certification measures (height and weight, and hemoglobin according to protocol)
- Plot measures on growth chart
- Take medical history
- Complete nutrition assessment
- Determine risk criteria
- Complete the encounter form
- Document in the medical record

Code 78059 -- (no medical record) and Code 3560 -- (has medical record) Field Service:

Provide mass education at health fairs, presentations in the community or workshops for other agencies about the WIC program and its benefits.

Code 99350H -- Initial Home Visit includes:

- Complete nutritional assessment in patient's home, relating to a documented problem or medical diagnosis
- Develop a Care Plan
- Provide nutritional counseling and make any necessary referrals
- Document in the medical record

Code 99349H -- Follow-up Home Visit

- Update previous nutrition assessment in patient's home
- Review and update plan of care
- Provide nutritional counseling
- Document in the medical record

Code 99348A -- Attempted Home Visit:

This code is used to document a worker's unsuccessful home visit attempt. The worker traveled to the participant's residence, but was not able to complete the home visit.

Code MOVO:

Procedure code to be used when offering patients the opportunity to register to vote.

240.010 - WIC Certification / Recertification

Last Change Date: 11/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
WIC Evaluation Visit	1000	WI	6	Well Child Exam OR	V202	1
Nutrition Counseling	99401			Post Partum Exam OR	V242	
Voucher Issuance	1004			Pregnancy, Normal OR	V222	
Hemoglobin	85018			Dietary Counseling	V653	
COMMENTS: The provider who actually does the certification and determines which nutritional risk code is used to put the participant on the WIC Program puts their provider code beside the 1000 procedure code. The provider who makes the determination that the person is not eligible for WIC (SDI) should use the 1000 code. HBG not done during WIC certification visit should be coded CH or WH.						
*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1
<p>*COMMENT: Any time a person, who will be at least 18 years old on/or before the next election, applies for WIC certification or recertification, CSFP or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are: **RG– Registered at the Health Department today CR– Currently registered to vote TF– Took registration form home DD– Declined, declination form signed</p> <p>**For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						